

**CITY OF SAN DIEGO  
SOCIAL SERVICES APPLICATION  
FISCAL YEAR 2005 (JULY 1, 2004 - JUNE 30, 2005)**

***APPLICATION SUBMITTAL CHECKLIST***

**AGENCY** \_\_\_\_\_

**PROJECT** \_\_\_\_\_

**The following items shall be submitted in the order shown below.**

1. **{Page A1} Application Submittal Checklist** ☐
2. **{Page A2} Eligibility Worksheet** ☐
3. **Copy of Evidence of Nonprofit Status** (State and Federal Tax Exemption Letter) ☐
4. **Completed Application Form:** ☐  
**{Pages A3 to A12}** (One [1] original copy signed in blue ink, fastened by a paperclip)  
**and {Pages A3 to A10}** (Seven [7] photocopies, each photocopy fastened by a staple)
5. **Audit Requirement:** (Submit one of the following options) ☐
  - **Option 1 - Copy of current Independent CPA Audit and Management Letter**  
(Period ending September 30, 2002 or after) **or**
  - **Option 2 - {Pages A13 to A14} Completed Audit Requirement Report with the agency's current financial statements attached**

Transmittal letters, extraneous material or packaging is unnecessary and should not be submitted with the application. These materials will **not** be forwarded for review.

**The above items must be sent or delivered to the following address:**

**Ernie Linares, Community Services Deputy Director  
City of San Diego  
Civic Center Plaza  
1200 Third Avenue, Suite 924  
San Diego, CA 92101**

**DEADLINE: APPLICATION MUST BE RECEIVED  
BY  
FEBRUARY 2, 2004 AT 5:00 PM**

**LATE, E-MAILED, FAXED OR INCOMPLETE APPLICATIONS WILL NOT BE  
ACCEPTED OR CONSIDERED FOR FUNDING.**

**CITY OF SAN DIEGO  
SOCIAL SERVICES APPLICATION  
FISCAL YEAR 2005 (JULY 1, 2004 - JUNE 30, 2005)  
*ELIGIBILITY WORKSHEET***

**PLEASE READ CAREFULLY.**

**Check each box as it applies to your agency:**

- ☐ **Nonprofit Status:** Agencies must be able to demonstrate proof of tax-exempt nonprofit status under Section 501(c)(3) of the Internal Revenue Code and Section 23701d of the California Revenue and Taxation Code **by the February 2, 2004 application deadline.** Fiscal sponsors may not apply on behalf of a non-exempt applicant.

\*Copies of the State and Federal Tax Exemption Determination Letter must be submitted with this application.

- ☐ **Project's Target Population:** Nonprofit agencies are eligible to apply if they have for their project as its target population: low-income individuals as defined on page I3 of this application packet, which includes senior, disabled and HIV/AIDS individuals, who are residents of the City of San Diego.

- ☐ **Social Service History:** Applicant must have engaged in continuing Social Service activities for three (3) years prior to submission of the application.

- ☐ **Audit:** Applicants must be able to submit their latest Independent CPA Audit and Management Letter. If an audit is not submitted, the applicant is limited to a \$20,000 request amount and must complete the Audit Requirement Report and attach the agency's current financial statements.

\*A copy of the latest Independent CPA Audit and Management Letter or the completed Audit Requirement Report with the agency's current financial statements must be submitted with this application. (An audit for a period ending prior to September 30, 2002 will not be deemed acceptable.)

**NOTE: If the agency is unable to meet any of the four eligibility criteria listed above, this funding source may not be an appropriate option for the proposed activity. If the agency is able to meet all of the criteria listed above, continue with completing the application.**

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***APPLICATION FORM***

(PLEASE READ THE ATTACHED INSTRUCTIONS BEFORE COMPLETING THIS FORM)

1. **Agency Name:** \_\_\_\_\_
2. **Project Name:** \_\_\_\_\_
3. **Date of Nonprofit Incorporation:** \_\_\_\_\_ **Tax ID No.:** \_\_\_\_\_
4. **Chief Agency Official:** \_\_\_\_\_
5. **Application Contact Person:** \_\_\_\_\_
6. **Mailing Address:** \_\_\_\_\_
7. **Telephone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_  
**E-Mail:** \_\_\_\_\_
8. **FY 2004 Fund History:** ☐ **Funded** ☐ **Applied-Not Funded** ☐ **Did Not Apply**
9. **Amount requested for FY 2005:** \$ \_\_\_\_\_

10. **Project Location(s)** **Project Operation**

Address(es)	District(s)	Days	Hours

11. **Service Category:** (Please check only one)

- |  |                                     |
|--|-------------------------------------|
| <input type="checkbox"/> Homeless                        | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Youth                           | <input type="checkbox"/> Senior     |
| <input type="checkbox"/> HIV/AIDS                        | <input type="checkbox"/> Employment |
| <input type="checkbox"/> Domestic Violence/Crime Victims |                                     |
| <input type="checkbox"/> Other (Specify category) _____  |                                     |

12. **Enter a brief description of the project and its purpose.**

13. **Agency Background**

a) Define the **agency**'s mission statement. b) Specify the year in which the **agency** was established. c) Specify how many years the **agency** had been providing social services. d) Describe the **agency**'s social service history in terms of the type of services/activities provided, track record maintained and accomplishments. e) Describe relevant collaborations with other nonprofit agencies established by the **agency**. f) Describe the region(s) and/or communities the **agency** serves.

14. **Need Addressed**

a) What local community need will the proposed **project** address? Specify what health, safety, educational, shelter, or other social need that would be addressed by the **project**. [Provide only a description of the need, **not** how the need will be addressed.] b) Indicate whether this need is currently being met by other programs within the same service area of the **project**.

c) Describe why this need should be considered a high priority to the City of San Diego. When applicable, provide independent data and/or statistics that support the importance of addressing this need.

15. **Project Target Population (City-Funded Portion)**

- a) Enter the approximate number of total unduplicated clients anticipated to be served by the **project** [*not* the number of client contacts] **based on the amount of FY 2005 funding requested**. Of that total, enter the total number and percentage of unduplicated clients that are anticipated to be low-income. (See page I2 of instructions for the definition of an unduplicated client):

1 } Total Number of Unduplicated Clients to be Served in FY 2005:

2 } Total Number of Unduplicated Low-Income Clients to be Served in FY 2005:

3 } Percentage of Unduplicated Low-Income Clients to be Served in FY 2005:

 %

- b) Explain how the total number of unduplicated clients anticipated to be served was determined for the **project**.

**16a. Project Objectives (City-Funded portion)**

List the specific and measurable objectives of the **project**. [This should not be a restatement of the **project** description, but rather should be a statement of what measurable outcome will be accomplished in a specific period of time. To be measurable, an objective must be stated in countable terms within a specific timeframe.] For each objective listed, provide the following: 1 } the percentage and description of the target population that will achieve the objective; 2 } a description of the objective to be achieved; 3 } the timeframe within which the target population will achieve the objective [i.e. demonstrate that the objective will be achieved within the FY 2005 period]; 4 } how the objective will be measured; and 5 } how the objective addresses the need detailed in section 14a).

#### 16b. **Project Evaluation**

Describe the method(s) that will be utilized to evaluate the success of the **project** and determine whether objectives were accomplished. For each objective detailed in Section 16a, provide the following: 1 } list the job title(s) of the staff person(s) who will be responsible for the evaluation; 2 } describe what evaluation tools will be utilized [e.g. progress reports, pre/post tests, third party surveys, etc.]; 3 } explain how the evaluation tool(s) will determine achievement of the project objective(s); 4 } indicate how often the achievement of the objective will be measured [e.g. weekly, monthly, quarterly, etc.]; and 5 } to whom will the evaluation reports be submitted to for review and assessment.



**17. Project Services (City-Funded portion)**

List what client-benefit services will be provided. For each service listed, provide the following: a) a description of the service; b) the number of unduplicated clients anticipated to receive the service during the FY 2005 period; c) a description of what the client benefit will be upon completion of the service; d) a description demonstrating how the service works toward achieving the objective(s) detailed in Section 16a, indicating whether multiple objectives will be addressed; and e) indicate if a fee is charged.

18. List the **anticipated** Total Operating Budget for the **project** in FY 2005. This section requires a separation of the City-funded portion being requested through this application process from other funding sources, including agency internal funds.

LINE ITEMS	CITY	OTHER
PERSONNEL	\$	\$
FRINGE BENEFITS	\$	\$
<b>TOTAL PERSONNEL</b>	\$	\$
SUPPLIES	\$	\$
POSTAGE	\$	\$
FOOD	\$	\$
CONSULTANT SERVICES	\$	\$
MAINTENANCE/REPAIR	\$	\$
PUBLICATIONS/PRINTING	\$	\$
TRANSPORTATION	\$	\$
OTHER EXPENSES	\$	\$
INDIRECT COSTS/ADMINISTRATIVE OVERHEAD	\$	\$
RENT	\$	\$
EQUIPMENT RENTAL	\$	\$
INSURANCE	\$	\$
UTILITIES	\$	\$
TELEPHONE	\$	\$
EQUIPMENT PURCHASES	\$	\$
<b>TOTAL NON-PERSONNEL</b>	\$	\$

<b>TOTAL ANTICIPATED OPERATING BUDGET</b>	\$	\$
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<b>GRAND TOTAL FY 2005 OPERATING BUDGET (CITY + OTHER)</b>	\$
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## **CERTIFICATION**

\_\_\_\_\_ (Applicant) agrees to enter into an Agreement with the City of San Diego for its 2004/05 Social Services grant and to adhere to all Social Services program requirements.

***If a grant is awarded on the basis of this application, all project information detailed in the application will be implemented accordingly and the project shall commence within ninety (90) days of award.*** Applicant assures the City of San Diego that the applicant will administer funds and understands that the Social Services funds are disbursed on a reimbursement basis. The laws and regulations of the United States Department of Housing and Urban Development (HUD) and the City of San Diego will govern any Social Services funding resulting from this application.

I, the undersigned duly-authorized agent of \_\_\_\_\_ (applicant), do hereby state, that to the best of my knowledge, the information contained in this application for Social Services funds is true and correct.

### **CHIEF AGENCY OFFICIAL**

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**CITY OF SAN DIEGO  
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FISCAL YEAR 2005 (JULY 1, 2004 - JUNE 30, 2005)**

***AUDIT REQUIREMENT REPORT***

This report is being submitted in lieu of an Independent CPA Audit and Management Letter.  
Attach the agency's current financial statements to this report.

**AGENCY** \_\_\_\_\_

**PROJECT** \_\_\_\_\_

1. Please explain why your agency is not able to submit a financial audit report.

2. Describe the agency's internal control procedures for their accounting system by providing the following: a) explain what procedure is utilized to pay agency expenses and list the job title(s) of the individual(s) involved; b) explain what procedure is utilized to receive revenue (actual cash/checks) and how the receipt of revenue is recorded and list the job title(s) of the individual(s) involved; and c) explain what procedure is utilized to track all agency revenues and expenses and list the job title(s) of the individual(s) involved.

### **Audit Requirement Report, Continued**

3. Describe the agency's payroll system by providing the following: a) describe the time record system maintained to validate the payroll expenses; b) explain what procedure is utilized for processing payroll expenses and list the job title(s) of the individual(s) involved; and b) explain what procedure is utilized to determine the employee and employer taxes and how often they are paid (e.g. monthly, quarterly, annually, etc.).

4. Indicate whether the number of funding sources maintained by the agency. Provide the following information: a) indicate the number and type of bank accounts maintained by the agency; b) explain the procedure utilized for check reconciliation and list the job title(s) of the individual(s) performing the check reconciliation; and c) explain how City funds will be maintained and/or tracked separately from other funding sources, including agency funds.